

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

# UNITED STATES DISTRICT COURT

for the

Middle District of Pennsylvania

Division

Case No.

1:20-cv-2349

(to be filled in by the Clerk's Office)

Kasheep Lee-Chima

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

See Attached

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

## COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

### NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

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**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Kasheyon Lee-Chima

All other names by which  
you have been known:

ID Number

#NQ 2744

Current Institution

PA DOC SCI-SMITHFIELD

Address

1120 Pike StreetHuntingdonPA16652

City

State

Zip Code

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

**Defendant No. 1**

Name

K. HughesJob or Title (*if known*)Correctional Officer 2<sup>nd</sup> Ranking (SGT.)

Shield Number

Employer

Department of Corrections (PA.)

Address

11 Fairview DriveWaymartPA18472

City

State

Zip Code



Individual capacity



Official capacity

**Defendant No. 2**

Name

McHughJob or Title (*if known*)Correctional Officer Ranking 1

Shield Number

Employer

Department of Corrections (PA.)

Address

11 Fairview DriveWaymartPA18472

City

State

Zip Code



Individual capacity



Official capacity

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## Defendant No. 3

Name  
Job or Title (if known)  
Shield Number  
Employer  
Address

C. J. McKeown  
Prison Hearing Examiner  
Department of Corrections (PA.)  
11 Fairview Drive  
Waymart PA 18472  
City State Zip Code

☐ Individual capacity ☒ Official capacity

## Defendant No. 4

Name  
Job or Title (if known)  
Shield Number  
Employer  
Address

State Correctional Institution - Waymart  
Executive Administration  
Department of Corrections (PA.)  
11 Fairview Drive  
Waymart PA 18472  
City State Zip Code

☐ Individual capacity ☒ Official capacity

## II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

☐ Federal officials (a *Bivens* claim)

☒ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

SEE ATTACHED FOR FULL DETAILS IN Addition to violating  
8<sup>TH</sup> Amendment  
5<sup>TH</sup> Amendment  
14<sup>TH</sup> Amendment

☒

Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

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- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed. *Each defendant is an employee of the Pennsylvania Department of Corrections. Were clocked in on-duty for work and fully uniformed with state issued gear/garments with state official I.D. cards or seals attached to garments.*

### III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (check all that apply):

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☒ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☐ Other (explain) \_\_\_\_\_

### IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

*Pa. DOC SCI - Waymart Hallways, Inmate Chow Hall #2, and Restricted Housing Unit. On 04-04-2019 at approximately 1700hrs - 2200hrs (5:00pm - 10:00pm)*

C. What date and approximate time did the events giving rise to your claim(s) occur?

(Approx. 1700-2200hrs)

On approximately April 4<sup>th</sup> 2019 at 1700hrs (5pm)

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

Officers K. Hughes and McHugh Violently attacked me (Assault & Battery) after pinning me against the wall. Both Officials Caused injury to back, waist, arms, neck, and shoulders. These Officers then Created a False Claim of defense, which resulted in unlawful detainment for 90 days without proper contact to family, attorney, and police. I was denied medical care 40+ days late. Mr C.J. McKeown denied my rights to eyewitness testimony, evidence, and proper representation. Video evidence and eyewitness Joseph Kolakowski.

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

I recieved strikes which resulted in abrasions, bruises, and markings on my back, waist, arms, neck, and shoulders. Those strikes led to numbness and soariness. After waiting numerous days medical failed to treat pain immediately and only prescribed limited amount of pain relievers. Although pain reported to nurse on same evening; medical staff did not observe or provide medical attention until days later.

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

Medical Expenses: \$20.00	\$20.00
Pain and Sufferings: \$20.00	\$20.00
Mental Anguish / Trauma: \$90,000.00	\$90,000.00
Unjust Revokation of Privileges: \$90,000.00	\$90,000.00
unlawful detainment / restraint: \$90,000.00	\$90,000.00
Lost of Earnings: \$68.40 / property Damages: \$30.84	\$98.84
Termination of officials Employment:	\$0.00
<b>TOTAL:</b>	<b>\$270,138.84</b>
PLUS COURT AND ATTORNEY FEES	\$400.00
POSTAGE	\$41.15
<b>Overall TOTAL:</b>	<b>\$270,950.00</b>

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**VII. Exhaustion of Administrative Remedies Administrative Procedures**

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

- A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

PA. D.O.C. SCI - Waymart

- B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

- C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☐ Yes

☐ No

☒ Do not know

If yes, which claim(s)?

Policy LIST how to file grievance doesn't state purpose. However Grievance Procedure automatically exhausts when grievance Coordinator forward grievance to security for investigation.

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- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes  
☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes  
☐ No

- E. If you did file a grievance:

1. Where did you file the grievance?

TWO Grievances was filed  
 • DC-ADM 804 - InHouse S.C.I. - Waymart #796853  
 • DC-ADM 804 - PREA REPORT #800927  
 • Special Investigation Report - Central Office

2. What did you claim in your grievance?

I was assaulted, discriminated, sexually harassed, targeted, unlawfully detained, and battery by both officers. Then unjustly denied fair and just rights by hearing examiner.

3. What was the result, if any?

An incomplete investigation and rejections (from every stage). Do not know final deposition from the Office of Special Investigations due to refusal to forward copy of final deposition to me without "Court order."

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

The grievance process informs me to Appeal to final level which is to Central Office. Central Office also rejected grievance. Once grievance process reaches central office and someone there renders a decision that completes the process. After completing grievance process I also proceeded with the O.S.I.I. (Office of Special Investigations) and appealed misconduct sanction verdict being that misconduct was illegal.

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If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. *please be mindful that in addition to the grievance I also exhausted Admin. remedies via 3(three) other methods A). Misconduct Appeal B). Report to Central Office (O.S.I.) and C). PREA Report. All three outcomes will be attached.*

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

#### VIII. Previous Lawsuits

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this "three strikes rule"?

☐ Yes

☒ No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

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- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

- B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1. Parties to the previous lawsuit

Plaintiff(s) \_\_\_\_\_

Defendant(s) \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county and State)

\_\_\_\_\_

3. Docket or index number

\_\_\_\_\_

4. Name of Judge assigned to your case

\_\_\_\_\_

5. Approximate date of filing lawsuit

\_\_\_\_\_

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition. \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

\_\_\_\_\_

- C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

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☐ Yes

☒ No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) \_\_\_\_\_

Defendant(s) \_\_\_\_\_

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

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**IX. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:

12-04-2020

Signature of Plaintiff

Printed Name of Plaintiff

Kashayon Lee - China

Prison Identification #

NQ 2744

Prison Address

1120 Pike StreetHuntingdon  
CityPA  
State16652  
Zip Code**B. For Attorneys**

Date of signing: \_\_\_\_\_

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

City

State

Zip Code

Telephone Number

E-mail Address

**ATTACHMENT**  
**List of Defendants**

The following is the complete list of defendants pertaining to this case:

1. **K. Hughes**  
Prison Sergeant (C.O. II)  
PA. Department of Corrections State Correctional Facility at Waymart  
11 Fairview Drive  
Waymart, Pa 18472
2. **(First Name Unknown) McHugh**  
Prison Correctional Officer (C.O. I) (Male | Approximately 5 foot tall | Approxiamtely 200lbs)  
PA. Department of Corrections State Correctional Facility at Waymart  
11 Fairview Drive  
Waymart, Pa 18472
3. **C. J. McKeown**  
Prison Hearing Examiner  
PA. Department of Corrections State Correctional Facility at Waymart  
11 Fairview Drive  
Waymart, Pa 18472
4. PA. Department of **Corrections State Correctional** Facility at **Waymart**, (In its **establishment** capacity)  
11 Fairview Drive  
Waymart, Pa 18472
5. **(First Name Unknown) Van Burren**  
Prison Correctional Officer (C.O. I) (Female | Approximately 4.5 foot tall | Approxiamtely 150lbs)  
PA. Department of Corrections State Correctional Facility at Waymart  
11 Fairview Drive  
Waymart, Pa 18472

1 of 2 KLC 12-04-2020

The Following Rights has been violated by the Defendants listed above:

**8th Amendment**

**5th Amendment**

**14th Amendment**

In Specific Defendants Number(s): **1, 2, and 4**

**Battery**

**Assault**

**Sexual Harassment**

**Failure to Protect and Defend**

**Cruel and Unusual Punishment**

**Unlawful Detainment**

**Unlawful Restraint**

**Kidnapping**

**Groping/Fondling**

**Indecent Assault**

**Unprofessional Conduct**

**Hate Crime: Discrimination: Race**

**Hate Crime: Discrimination: Sexual Orientation**

In Specific Defendants Number(s): **3**

**Failure to Protect and Defend**

**Cruel and Unusual Punishment**

**Unlawful Detainment**

**Unlawful Restraint**

**Unprofessional Conduct**

**Hate Crime: Discrimination: Race**

**Hate Crime: Discrimination: Sexual Orientation**

In Specific Defendants Number(s): **5**

**Failure to stop/interfere with unprofessional conduct:** (witnessed the battery and assault and did not stop or prevent it)

**Failure to Protect and Defend**

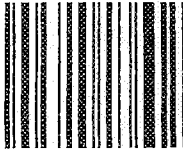
**Cruel and Unusual Punishment**

**Unprofessional Conduct**

**Hate Crime: Discrimination: Race**

**Hate Crime: Discrimination: Sexual Orientation**

2 OF 2 KLC 12-04-2020



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Kasheyon Lee - Chima

Doc #: NQ 2744

PA. DOC. SCI. - SMITHFIELD

Po Box # 999 / 1120 Pike Street

Huntingdon, PA 16652

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